

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002364	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/02/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DANVILLE CARE CENTER

**1701 NORTH BOWMAN
DANVILLE, IL 61832**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint #1662122 / IL84921- 300.615e) and 300.4090b)1)A)	S 000		
S9999	Final Observations LICENSURE FINDINGS: 300.615e) 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) This requirement was not met as evidenced by the following: Based on record review and interview, the facility failed to request the criminal history background checks for four of ten newly admitted residents (R10, R11, R12, and R13) sampled for criminal history background checks. The findings include:	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/12/16

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER DANVILLE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN DANVILLE, IL 61832		
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S9999	Continued From page 1 E8, Social Service Director stated on 4-25-2016 at 11:30 AM, E8 does the background checks for newly admitted residents. E8 stated that E8 electronically mails the request for the criminal history background to the facility's corporate office that in turn requests the criminal history background checks from the State Police. E8 stated that E8 requests the background checks as soon as E8 was aware of a new resident admission. E8 stated that E8 may know days before admission. E8 stated that E9, Corporate Accounts Payable requests the criminal history background checks. E9 stated on 4-25-2016 at 12:18 PM that E9 runs the criminal history background checks "maybe once a week or when I get to it." The resident criminal history background checks were reviewed for the ten most recent newly admitted residents. Four of ten residents (R10, R11, R12, and R13) criminal history background checks were not requested before or within 24 hours of admission. R10 was admitted to the facility on 3-25-2016 and R10's criminal history background check was not requested until 3-31-2016. R11 was admitted to the facility on 4-14-2016 and R11's check was requested on 4-19-2016. R12 was admitted to the facility on 4-8-2016 and R12's check was requested on 4-13-2016. R13 was admitted to the facility on 4-15-2016 and R13's check was requested on 4-19-2016. According to the facility's "Admission Policy" revised 12-19-2014, "Before admission the following screens should be completed:..... Background checks....." (B)	S9999		

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AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

IL6002364

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY
COMPLETED

C

05/02/2016

NAME OF PROVIDER OR SUPPLIER

DANVILLE CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1701 NORTH BOWMAN
DANVILLE, IL 61832

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

S9999

Continued From page 2

S9999

300.4090b)1)A)

300.4090 Personnel for Providing Services to
Persons with Serious Mental Illness for Facilities
Subject to Subpart S

b)1)A) A Psychiatric Rehabilitation Service
Director (PRSD) shall be a licensed, registered,
or certified psychiatrist, psychologist, social
worker, occupational therapist, rehabilitation
counselor, psychiatric nurse or licensed
professional counselor who has a minimum of at
least one year supervisory experience and at
least one year of experience working directly with
persons with serious mental illness and who has
attended an Illinois Department of Public Aid
(IDPA) training program.

This requirement was not met as evidenced by
the following:

Based on record review and interview, the facility
failed to have a qualified Psychiatric
Rehabilitation Service Director (PRSD) to direct
the psychiatric rehabilitation services for 55
residents residing in the North Building.

The finding includes:

E1, Administrator stated on 4-25-2016 at 9:30 AM
that E10, PRSD is the director of "New Focus",
North Building. E1 confirmed that the North
Building is the facility's Subpart S area used for
Psychiatric Rehab Services and E10 has
functioned as PRSD for at least two and half
years.

E10's personnel file was reviewed. E10 has

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S9999	Continued From page 3 completed a Bachelor's degree in Social Work and is not licensed as a Social Worker. E10 stated on 4-25-2016 at 10:15 AM, E10 failed the Social Worker licensing examination by one point and will retake the licensing examination. According to the Resident Room Roster dated 4-24-2016 provided by E1, 55 residents reside in the North Building, New Focus Rehab unit. (AW)	S9999			